POSITION	INITIALS	ID NO.	DATE
· emile			· · · · · · · · · · · · · · · · · · ·
FEE DETERMINATION	14h2		:4.11
O.I.P.E. CLASSIFIER	-77	1	1
FORMALITY REVIEW	19	720	06-19-61
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Ż	Rejected	N	Non-elected
	Allowed	- 1	Interference
_	(Through numeral) Canceled	. А	Appeal
÷	Restricted	0	Objected

Claim								
	Claim Date	Claim Date	Claim Date					
87 V 88 O 137 137 138 138 139 139 140 140 141 141 141 142 143 144 144 144 144 144 144 144 144 144	Claim Date	Claim Date	Claim Date					
19 100 100 150 150	\$8 \cup \$7 \cup \$8 \cup \$8 \cup \$8 \cup \$8 \cup \$9 \cup \$9 \cup \$1 \	86 87 88 89 90 91 92 77 93 74 95 96 97 98	136 137 138 139 140 141 142 143 144 145 146 .147					
	50 7 7	100-						

If more than 150 claims or 10 actions staple additional sheet here

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